

FORM A—To be used by a prisoner filing a complaint under the Civil Rights Act, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

FILED

APR 24 2007

[Signature]
CLERK

Robert F. Baker,
Plaintiff

CIV07-4056

(Enter above the full name of
the plaintiff or plaintiffs
in this action.)

v.

COMPLAINT

Director Vinickamp,
Medical Dept., E Cottage
D Supervisors of the
Plankinton State Training
School, Defendants.

(Enter above the full name of
the defendant or defendants
in this action, if known.)

(Note: If there is more than one plaintiff, a separate sheet should be attached giving the information in Parts I, II, and III for each plaintiff, by name. Remember, all plaintiffs must sign the complaint.)

I. A. Place of Present Confinement Douglas County Jail

B. Parties to this civil action:

1986-87 Parkinton State Training School

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Robert F. Baker Registr. No. 1385914

Address 711 South 17th St, Omaha, NE 68102

Additional plaintiff's Registr. No. and address:

1230 Edgewood Blvd, Papillion, NE 68046

(2) Defendant Director Vonnahme et al

is employed as supervisors at Parkinton State Training School

Additional defendant's employment: _____

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ✓

(1) Title: _____
(Plaintiff) (v.) (Defendant)

(2) Date filed _____

(3) Court where filed _____
(specify if the court was state or federal and the level of the court)

(4) Court number and citation _____

(5) Name of judge to whom the case was assigned _____

(6) Basic claim made _____

- (7) Date of disposition _____
- (8) Disposition _____
(pending) (on appeal) (resolved)
- (9) If decided by the court, state whether for plaintiff or defendant _____
- (10) Approximate date of filing _____
- (11) Approximate date of judgment _____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ___ No ___

III. Grievance Procedure

- A. Does your institution have an administrative or grievance procedure? Yes ___ No ___
- B. Did you present the facts relating to your complaint through the administrative or grievance procedure?
Yes ___ No ___
- C. What was the result? _____

- D. If you did not file a grievance, state the reasons _____

- E. Please attach any responses as exhibits to this complaint.
- F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities?
Yes ___ No ☒

G. If your answer to F is yes,

A. What steps did you take and what was the result? _____

IV. Jurisdiction

A. Is this complaint brought for a violation of your federal constitutional rights by a person employed by the state, county, or municipal government or acting with such government officials? Yes ☒ No ☐

If "yes," please state the agency the official(s) is/are employed by or why you believe the defendant(s) was/were acting in conjunction with government officials: _____

Parkinson State Training School is a State run & operated facility

B. Is this complaint brought for a violation of state or local law? Yes ☒ No ☐

If so, please specify (without alleging any supporting facts) the state law(s) you believe was/were violated _____

State tort laws

Is/are the defendant(s) residents of the same state as you? Yes ☐ No ☒

If not, specify what state *Parkinson, SD*

V. Statement of Claim:

(State here as briefly as possible the **FACTS** of your case. You must state exactly what each defendant personally did, or failed to do, that resulted in harm to you, and describe the harm. Include the names of other persons involved (for example, other inmates), dates, and places of all events. If you allege related claims, number and set forth each claim in a separate paragraph. Attach an extra sheet, if necessary. Unrelated claims should be raised in a separate civil action. Do not give legal arguments or cite cases or statutes except in Part B below.

A. I had an injury, which was later diagnosed as appendicitis. ~~The~~ Medical Dept. failed to diagnose. I was treated badly by staff and was told that I was faking my condition. I almost died had I not received proper attention due to the fact that the appendix had become infected. I was hospitalized. I suffered humiliation, severe pain & suffering, and deformation due to the fact that my condition had been neglected. The infection was so severe that the doctor could not even apply stitches after the operation because it was so infected.

B. State briefly your legal theory or cite appropriate authority: _____

Malpractice, Negligence, Cruel and Usual
Punishment, Breach of Duties, Gross Negligence,
Failure to Diagnose & Provide Medical Treatment,
Physical Suffering, Scarring, & Deformation

VI. Relief

A. Do you request money damages? Yes ☒ No ☐

If so,

1. Did you lose any money from this incident?
Yes ☐ No ☒ If so, how much? _____

2. Did you receive a physical injury? Yes ☒ No ☐

3. What other harm did you experience from this incident? _____

Humiliation, Mental Anguish, Pain & Suffering

4. State the amount of damages claimed \$1,500,000.00

B. Do you request a jury trial? Yes ☒ No ☐

C. State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Award Punitive, Compensatory, & Pain &
Suffering & mental anguish for the past,
present, & future. Also award reasonable
attorney fees and interest rates at the
maximum legal rate. Appoint Counsel

B. State briefly your legal theory or cite appropriate authority: _____

VI. Relief

A. Do you request money damages? Yes ____ No ____

If so,

1. Did you lose any money from this incident?
Yes ____ No ____ If so, how much? _____

2. Did you receive a physical injury? Yes ____ No ____

3. What other harm did you experience from this incident? _____

4. State the amount of damages claimed _____

B. Do you request a jury trial? Yes ____ No ____

C. State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

VII. Request for Appointment of Counsel

A. Do you want an attorney to represent you in presenting your claim to the court? Yes ☒ No ☐

B. Did someone help you in preparing this complaint? Yes ☐ No ☒ If so, state the person's name (optional)

C. Have you made any efforts to contact a private lawyer to determine if he or she would represent you in this action? Yes ☐ No ☒

If so, state the name(s) and address(es) of each lawyer contacted _____

If not, state your reasons _____

(Note: This court has no funds with which to pay an attorney for handling this type of case. Because of this, appointments are made only in cases where an attorney is greatly needed and the attorney is willing to take the case without expecting to receive any fee.)

I declare under penalty of perjury that the forgoing is true and correct.

Signed this 16 day of April, 2007.

Robert F. Baker

(Signature(s) of Plaintiff(s))